
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY

Thursday, November 4, 2004

1:00 PM - 5:00 PM

St. Anne's Maternity Home - Foundation Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT

Jeff Bailey	Vanessa Talamantes
Sergio Avina*	Diane Brown
Richard Browne*	Manuel Cortez
David Giugni	Elizabeth Mendia
Veronica Morales	Vicky Ortega
Rose Veniegas	Kathy Watt
Richard Zaldivar*	

ABSENT

Chi-Wai Au
Gordon Bunch
Cesar Cadabes
Edward Clarke
Jeffrey King
Mario Perez
Ricki Rosales
Freddie Williams

* Denotes present at one (1) of the roll calls

STAFF PRESENT

Elizabeth Escobedo	Aquilino Gabor	Michael Green	John Mesta
Ijeoma Nwachuku	Cheryl Williams		

I. ROLL CALL

Roll call was taken.

II. COLLOQUIA PRESENTATION

Dr. Rose Veniegas introduced Dr. Sherry Larkins who provided a Power Point presentation titled, Methamphetamine-Dependent Gay Men's Disclosure of their HIV status to Sexual Partners. A copy of the presentation is on file. This presentation focused on disclosure issues surrounding methamphetamine using men seeking care and treatment.

The background, research goals, research methods and participant demographics were discussed. The primary factors influencing disclosure are: responsibility of HIV+ versus HIV-, the location of sexual encounters, type of relationship, and expected sexual activities.

The responsibility of HIV- sexual partner's disclosure:

- 46.9 % of survey participants reported not knowing the HIV status of their most recent sexual partner.
- Both HIV+ and HIV- survey participants argued that initiating discussion about condom use and HIV status was the HIV- sexual partner's responsibility.
- HIV+ survey participants stated that when they were informed of a sexual partner's negative serostatus, then engaged in safer sexual practices.
- In the absence of explicit dialogue, both HIV+ and HIV- survey participants claimed to assume a sexual partner was HIV+.

The location of Sexual Encounter – Sexual Venue:

- 55.9% of survey participants reported engaging in sex in a public environment (e.g. bathhouse, park, restroom) in the previous 30 days.

- HIV+ survey participants argued that in public sex environments HIV- men should not expect others to deviate from standard “public sex” practices (e.g. no disclosure, no condoms) unless discussed.
- HIV- survey participants agreed that social norms in public sex environments supported sex without dialogue about HIV and without expectations of condom use, making them the responsible party in discussing HIV or negotiating condom use.

The type of relationship – primary vs. non-primary partner:

- 31 of the 34 survey participants had a sexual encounter in the previous 30 days:
 - 2.9% = sex with primary partner only
 - 14.7 = sex with primary partner and non-primary partner
 - 73.5% = sex with non-primary partner only
- HIV+ survey participants claimed to routinely inform primary partners, but not non-primary partners.

The expected sexual activities – perceived risk of the sexual act:

- HIV+ survey participants reported an increased obligation to disclose if they were engaging in a sexual act perceived to carry greater risk for transmission.
- Many HIV+ survey participants did not disclose but believed they protected the health of sex partners by avoiding “high-risk” sexual acts (i.e. uninformed protection)
- Perceptions of “high-risk” sexual acts varied dramatically among both HIV+ and HIV- survey participants.

In summary,

1. Survey participants expressed varying degrees of responsibility to disclose based on the social and sexual context.
2. Both HIV+ and HIV- survey participants believed initiating disclosure or safer sex was an HIV- partner's responsibility.
3. Many HIV+ survey participants assumed that if a serostatus unknown sexual partner did not disclose or initiate safer sex practices, he must be HIV+.
4. Many HIV+ survey participants claimed to engage in safer sex practices when informed of a partner's negative serostatus.
5. Survey participants expressed a lessened obligation to disclose if the sexual encounter occurred in a public venue, if the partner was non-primary, and if the sexual act itself was perceived to be “lower” risk.

The implications are:

- ❖ Current HIV prevention policies, such as “Prevention for Positives,” place onus of disclosure on HIV+ individuals.
- ❖ Our findings suggest that, among methamphetamine-using gay men, HIV prevention efforts should target HIV-men.
- ❖ Methamphetamine-using HIV- men should be counseled on increasing disclosure of serostatus to unknown sexual partners, so that erroneous assumptions don't dictate the sexual encounter.
- ❖ Efforts should also focus on teaching HIV- men sexual communication and negotiation skills while under the influence or in highly sexualized venues.

QUESTION: (Diane Brown) Based on the last comment by Pierre, “The thing about crystal sex is that nobody cums.....”, does this mean he was using Crystal Meth.

ANSWER: Most likely.

QUESTION: Do you find a lot of serosorting (only having sex with other HIV+ guys) among the HIV+ population?

ANSWER: A lot of guys look in positive only on-line services and certain venues are pre-sorted (some bars/clubs are known for positive only).

QUESTION: Why is meth not the drug of choice for African-American men?

ANSWER: A later study with treated gay male substance users indicated African-American men exclusively use “crack”. Latinos use crack and meth and Caucasian's drug of choice is meth. The African-American men who used meth lived in West Hollywood and tended to have master status of a gay man versus a black man.

QUESTION: Given ¼ of the survey participants were injection meth users, how was that left out of the discussion?

ANSWER: ¼ of the survey participants have injected; however, about 10 or 12% were usual injectors. There is very little risk.

COMMENT: In the last 10 years, injection drug use has gone from an underground society to a cultural norm in the gay community and it is not the kids on the street solely.

QUESTION: In your survey, did you investigate erectile dysfunction and risk behavior?

ANSWER: Only when respondents indicated they could not get-it-up so they (the respondent) became the receptive partners. I'm only a top, it's only when I can't get hard, I become a bottom.

QUESTION: How much did respondents say about disclosure in the event they might see a casual/non-primary partner again?

ANSWER: Self-serving (if there is the possibility I may see this person again, I may consider disclosing).

III. REVIEW/APPROVAL OF MEETING AGENDA

The draft meeting agenda for November 4, 2004 was reviewed and approved with the modification to move agenda the Status of Prevention RFPs under the Governmental Co-Chair Report to follow Public Comment by consensus.

IV. REVIEW/APPROVAL OF SEPTEMBER 2, 2004 MEETING SUMMARY

The draft meeting summary for September 2, 2004 was approved without corrections by consensus.

V. PUBLIC COMMENT

- Del Turman, At The Beach (ATB), announced a job forum for Lesbian Gay Bisexual Transgender (LGBT) individuals scheduled for November 17th and November 21st. Flyers are on the back table.
- Alex Chavez, AIDS Service Center (ASC), announced two (2) events being sponsored by ASC – “A Night at the Candy Cane Lounge” at the Beverly Center on Sunday, November 7th from 7:00PM to 10:00 PM. “The Posada”, a candlelight AIDS walk is scheduled for Sunday, December 4th from 5:00 PM to 9:00 PM in Pasadena. Flyers for both events are on the back table.
- Daniel Rivas, HIV/EPI, announced effective December 1st there will be two (2) positions available for Research Interviewers with the HIV Epidemiology Program. The position announcement is on the back table.

VI. STATUS OF PREVENTION REQUEST FOR PROPOSALS (RFPs)

Dr. Michael Green reported the Prevention RFP Award results have been delayed. There is no information available when OAPP will receive authorization to release recommendations for awards.

QUESTION: Since no information can be given and it is most likely that the CDC will not want prevention not happening in Los Angeles County, is it likely that the current contracts will be extended?

ANSWER: OAPP has been doing everything it can to get authorization to release the awards and OAPP is trying to do everything it can to ensure there will not be a gap in services.

QUESTION: Would it be worthwhile to go to the Health Deputies meeting next week?

ANSWER: (Jeff Bailey) It might be helpful.

QUESTION: Is it possible for a letter to go out informing people of the status of the release on the prevention RFP awards?

ANSWER: It has been requested and drafted; however, authorization to release that information has not been received.

QUESTION: Since there were no applicants for Category 5 (Evaluation Services), can you clarify how the administrative agency intends to contract those services out or do otherwise?

ANSWER: There are a couple of options. The services can be re-solicited or we can attempt to “sole source”. No decision has been made.

VII. ANNUAL PLANNING MEETING DEBRIEFING/UPDATE

Diane Burbie reported the Los Angeles County HIV Prevention Planning Committee (PPC) held its Annual Planning Meeting on October 4-5, 2004 at Luminarias Restaurant in Monterey Park, California. Ms. Burbie distributed a Summary Report to the PPC Members. A copy of the report is on file.

Ms. Burbie highlighted the two-day event.

The focus of Day One was providing participants with information and an understanding of:

- The role and importance of the PPC planning for effective prevention services in Los Angeles County
- Current Centers for Disease Control and Prevention (CDC) policies, priorities and programs that should inform planning efforts in Los Angeles County
- New prevention efforts and programs in Los Angeles County that are directly funded by the CDC - AIDS Healthcare Foundation (AHF), AltaMed Health Services, Bienestar Human Services, JWCH Institute Inc, and Tarzana Treatment Centers.
- An overview of the DRAFT 2004-2008 Los Angeles County HIV Prevention Plan
- Addressing issues related to increasing the effectiveness of how the PPC operates. The PPC identified areas of improvement related to: Leadership, Membership, Research and Evaluation. The PPC subcommittee structure was reviewed and it was agreed that the Youth Leadership Subcommittee would no longer exist. The needs of youth and those who are HIV+ should be addressed and included in all subcommittee activities.

The focus of Day Two was primarily devoted to subcommittee work. With the elimination of the Youth Leadership subcommittee, the group elected to integrate the youth component into all subcommittees. The following activities are ways that are beneficial to the development of youth:

- Ensure active and ongoing participation in other groups that focus on youth services in Los Angeles County
- Facilitate attendance at the Leadership Training Institute and other training and conference opportunities
- Ongoing mentoring through direct participation in PPC subcommittee work
- Learn and contribute to (and be groomed for) the PPC leadership by participating on the Executive subcommittee.

Some PPC members were reassigned and the new subcommittees are as follows:

Operations	Evaluation	Standards & Best Practices
Diane	Cesar	Rose
Veronica	Ricki	Manuel
Chi-Wai	David	Kathy
Richard Z.	Gordon	Richard B.
Vicky	Jeffrey	Sergio
Roberto	Freddie	Edward
		Elizabeth

The subcommittees developed Work Plans to accomplish the outcomes described in the 2004-2008 Prevention Plan.

VIII. AIDS PROJECT LOS ANGELES (APLA) SOCIAL MARKETING CAMPAIGN PRESENTATION – FINDINGS OF THE SAN FERNANDO VALLEY HIV AWARENESS CAMPAIGN

Charles Karsters, APLA, provided a Power Point presentation titled, *HIV Awareness Campaign in the San Fernando Valley – Phase Four (June-September, 2004)*. A copy of the presentation is on file. This presentation included:

1. 3 year sustained effort
2. Examples of Phases 1,2,3, & 4
3. Evaluation of Phase 4
4. How does social marketing modify community norms?
5. How is social marketing cost effective?

6. How can social marketing assist with the community planning process?

The power point presentation included sample of the billboards, posters and palm cards for phases 1, 2, 3 and 4.

A survey of the social marketing campaign was conducted. Three hundred thirty-four (334) surveys were completed between June 15, 2004 through September 15, 2004. The methodology for the survey was a self-reported survey, eleven closed-ended questions and survey administered in gay venues (bars, AIDS support groups, bathhouses, community fairs and pride events). The survey limitations were convenience sample, not random sampling and self-reported data. The demographics of the respondents were:

DEMOGRAPHICS	
<i>Ethnicity</i>	
▪ Caucasians	41%
▪ Latinos	41%
▪ African American	7%
▪ Asian/Pacific Islanders	4%
▪ Native Americans	2%
<i>Language</i>	
▪ English surveys completed	92%
▪ Spanish surveys completed	8%
<i>Mean Age</i>	
	37

Sexual Behavior and Risk

Sexual Behavior

Sex with Men 80%

Condom Use

Always 40%

Never 14%

HIV Status

HIV+ 22%

The significant findings of this survey are:

Caucasians

- less likely to find out information about HIV in San Fernando than non-Caucasian.

- are more likely to report that as a result of the campaign, they are thinking about 'loss' than non-Caucasian men.

Latinos

- less likely to report that the campaign impacted them "very strongly" or "strongly" than non-Latinos.

- are less likely to report that as a result of the campaign they are thinking about 'loss' than non-Latinos.

HIV Status & Seeking Services

- HIV+ and those of unknown HIV status are more likely to report that they "will seek services & support in SFV" compared to HIV negatives.

- HIV+ are more likely to report that they "Plan to access the website" compared to HIV negatives and those of unknown HIV status.

How does Social Marketing modify community norms?

The impact of the campaign(s):

Phase I & Phase 2 59%

Phase 3 45%

Phase 4 57%

Three years of social marketing efforts were linked to other activities:

- Images and messages were part of a larger community mobilization effort

- Church groups, social clubs, local businesses, bars and clubs were all active partners
- San Fernando Valley Consortium shifted from differing factions to a dynamic collective of providers coordinating their interventions
- One campaign "model" was so energized by the campaign that he wants to purchase his own billboard space to continue the message.

How is social marketing cost effective?

Social marketing is cost effective because it:

- Is less expensive than one-on-one prevention case management and offers much broader reach.
- Targets hard to reach populations who might never seek services through an AIDS Service Organization (ASO) but are nevertheless receptive to messaging.
- Addresses people who are HIV- or of unknown status who may not otherwise receive HIV related health messages.
- Engages the general public in discussion about HIV/AIDS.

How can social marketing assist with the community planning process?

Strong social marketing:

- Involves targeted communities at all stages of the process.
- Listens to the community and addresses their needs and concerns.
- Offers culturally specific message framing.
- Creates awareness about HIV in the larger community.
- Influences public discourse and informs social norms.
- Combines public health and marketing principles with theories about behavior change, public space, popular education, representation and empowerment to create a successful intervention.
- Should be sustained over time.

QUESTION: In looking at community norms, what are you defining as the community (i.e. gays males, the larger San Fernando Valley, or what)?

ANSWER: The campaign tended to focus on social networks.

QUESTION: Do you plan on measuring the shift in community norms or is it too difficult?

ANSWER: That is very challenging.

QUESTION: Have you considered social marketing campaigns that target Transgender and Sex Workers Communities?

ANSWER: This campaign was contractually obligated for Men who have Sex with Men (MSM).

QUESTION: Is there a prevention message in the "Sexile" book?

ANSWER: Yes, harm reduction, substance abuse and sex work.

QUESTION: Was there a measurement table on the effect of the homophobia on the billboards?

ANSWER: There was not.

QUESTION: How is it benefiting the self-esteem of the target population? How is it benefiting the self-esteem of the community as a whole?

ANSWER: During the review process by OAPP, three of the four designs for young Latino males were rejected - stating the message was not strong enough. Those three designs targeted mothers, fathers and elders. We believe those messages would have been beneficial. One of the messages was "we don't understand, but we are trying".

QUESTION: The people reviewing the submissions, were they from the target population in the San Fernando Valley?

ANSWER: No, they were not.

QUESTION: How large was this - 30 billboards in 3 years?

ANSWER: About the cost of three case managers per year. The budget for phase 4 was \$638,000.00.

QUESTION: Was there a lot of "in kind"?

ANSWER: Yes, from the community and from Clear Channel.

QUESTION: Do you think there was only a 5% use of the 800 number because they already knew where to go? What to access?

ANSWER: Social marketing generally does not lead people to services. It is the message that people remember.

QUESTION: Does Clear Channel have any desire to keep some of the billboards up, even though the campaign is over?

ANSWER: For certain individual sites, Clear Channel has allowed up to four additional weeks. If a client comes in and wants that space, Clear Channel will probably give it up.

QUESTION: Can you repeat the numbers on the slide titled "Shift in Community Norms"?

ANSWER: Compared and compressed the four campaigns over time.

IX. BREAK

X. UPDATE ON PPC NEEDS ASSESSMENT PROJECT

Ijeoma Nwachuku reported the last day of data collection for the PPC Needs Assessment GAP Analysis project was October 16th. Dr. Nwachuku thanked all of the individuals who participated. Approximately 100 qualitative interviews and 140 quantitative surveys were collected. The following are some of the places data was collected: Santa Monica/LaBrea area, Griffith Park, Faultline, Hollywood, Elysian Park, Bixby Park, Granada Lot, Rage, Arena, Catch One and numerous other venues/sites.

The OAPP staff is in the process of organizing and analyzing the data. No exact date can be given as to when the data will be processed.

We recognize some of the people did not receive their incentives. Please contact Dr. Nwachuku, if you did not receive your incentives.

XI. COMMUNITY CO-CHAIRS REPORT

- ♦ **Policy Issues** – Vanessa Talamantes reported that the PPC and CHHS voted to dissolve the Joint Public Policy subcommittee; however, the CHHS has decided to continue with the Public Policy committee. The PPC voted for the Executive subcommittee to address Public Policy issues.
- ♦ **Election of UCHAPS Alternate** – Los Angeles County is a part of the Urban Coalition of HIV and AIDS Prevention Services (UCHAPS) which consist of the six health jurisdictions directly funded by the Centers for Disease Control and Prevention (CDC). Nominations are open until next month for a UCHAPS alternate. Kathy Watt was nominated.
- ♦ **Update on Commercial Sex Venue (CSV) Initiative** – Wendy Schwartz reported the City of Los Angeles Arts, Parks, and Aging Committee will be reviewing/discussing this item at the Tuesday, December 7th meeting at Los Angeles City Hall, Room 1060.

The next meeting of the CSV Coalition is scheduled for Friday, November 19th.

- ♦ **Commission on HIV Health Services (CHHS) Reauthorization** - The CHHS is moving forward with the Ryan White Care Act Reauthorization. There are linkages between prevention and care; therefore, the PPC Community Co-Chairs are scheduling to meet with the CHHS Co-Chairs to encourage language and support for prevention services for any type of document that comes from Los Angeles County.
- ♦ **Motion on 2005 PPC Meeting Structure** – A new meeting structure was discussed at the Annual Planning Meeting. The sample meeting structure is in the packets (blue sheet). The meeting time will be 12:00 PM to 4:00 PM on the 1st Thursday of each month. The Colloquia Presentation will be from 12:00 PM to 1:00 PM monthly and on the odd months there would be the Colloquia Presentation and the General PPC meeting on odd months, subcommittees will meet at OAPP. On

even months, the Colloquia Presentation will be from 12:00 PM to 1:00 PM and Subcommittee Meetings from 1:00 PM to 4:00 PM (immediately following the Colloquia Presentation).

Roll call vote was taken to modify the 2005 PPC Meeting schedule. **The motion passed.**

- ♦ **Membership** – At the Annual Planning Meeting there was a discussion regarding increasing the PPC membership to thirty voting members. The Operations subcommittee has been given the charge of recruitment.

XII. GOVERNMENTAL CO-CHAIR REPORT

- ♦ **CDC Jurisdictional two-day site visit** – Dr. Michael Green reported the dates for the CDC site visit have been rescheduled to January 25 – 28, 2005.
- ♦ **CDC Visit with Chinese Delegation** – Dr. Michael Green reported OAPP would be hosting a delegation from China on Monday, November 8th. The delegation has requested to go out to various agencies on November 9th and November 10th. Prototypes, CHIPTS, APAIT, Reach LA, APLA, California Drug Consultants are some of the agencies selected for site visits.

XIII. SUB-COMMITTEE REPORTS

- **Operations** – Diane Brown reported the October, 2004 Operations subcommittee was basically a debriefing of the Annual Planning Meeting. A motion was made by Diane Brown to recommend Roberto Barahona as a full voting member of the PPC to represent the City of Pasadena. The motion was seconded and approved by consensus. The next Operations subcommittee meeting is scheduled for Tuesday, November 9th from 10:00 AM to 12:00 PM at OAPP.
- **Evaluation** - David Giugni reported the Annual Planning Meeting Evaluations are in the process of being analyzed and the results will be presented at the next meeting. The 2005 Work Plan was reviewed. The CRAS survey and PPC Membership surveys will be reviewed at the next meeting. The next Evaluation subcommittee meeting is scheduled for Tuesday, November 30th from 3:00 PM to 5:00 PM at OAPP.

Jeff Bailey reported the Evaluation subcommittee will examine/assess if some of the questions from the Needs Assessment Survey can be incorporated into the CRAS Survey and invited all interested individuals to attend the next Evaluation subcommittee meeting.

- **Standards & Best Practices** – Dr. Rose Veniegas reported reviewed the Work Plans for the next year. Some of the areas the group reviewed and will be reviewing are: identifying standards & best practices that integrate prevention and care/treatment issues, working on research interventions (DEBI), examine community needs assessment, enhance new member involvement, and what are the possibilities around staffing patterns and staffing competencies for the anticipated HIV prevention contracts? The next Standards & Best Practices subcommittee is scheduled for Thursday, November 18th to 2:30PM at OAPP.
- **CHHS Report** – Elizabeth Mendia and Vicky Ortega reported there was a presentation by the Los Angeles County Sheriff's Department regarding the correctional system and seven motions passed. at the last CHHS Meeting Additionally, the CHHS Annual Training is scheduled for November 15th and November 16th at the OMNI Hotel .

XIV. ANNOUNCEMENTS

Richard Browne announced Mental Health and ADPA are to work together to develop a MOU at the State of California level.

Elizabeth Mendia announced a group of churches in the greater Whittier area will be hosting a World AIDS Day event on December 1st.

Rose Veniegas announced the CDC and ASPH Institute for HIV Prevention Leadership is sponsoring a "Steps to Success in Community-Based HIV/AIDS Prevention" workshop. A copy of the flyer is included in today's packet.

CHIPTS in partnership with OAPP is hosting a "Building HIV/AIDS Services Networks: Lessons Learned in Los Angeles" forum on Tuesday, December 7th from 9:30 AM to 12:00 PM at St. Anne's. A copy of the flyer is included in today's packet.

Kathy Watt announced the HIV Drug and Alcohol Task Force conducted an all day training on November 3rd titled Latino/Latina HIV/AIDS Substance Abuse Breaking the Barriers.

David Giugni announced the City of West Hollywood and "A for AIDS" will be hosting a candlelight vigil on World AIDS Day - meeting at the Crescent Heights Triangle at 5:00 PM.

Manuel Cortez extended thanks to all that participated in the HIV Latino Summit. The recommendations will be published in mid-December.

Jeff Bailey inquired will Los Angeles County sponsor/host a World AIDS Day Event?

Michael Green announced the Public Affairs of OAPP is coordinating a number of activities for World AIDS Day.

Vanessa Talamantes announced the CHHS held forums on Names Based HIV Reporting and the translation of the forums and documents into Spanish are forthcoming.

Richard Zaldivar suggested a presentation by the Human Relations Commission be scheduled.

The Wall-Las Memorias in sponsoring a World AIDS Day event titled Noche de Los Memorias at 5:00 PM and at 7:00 PM the World AIDS Day Monument will be dedicated at Lincoln Park.

Diane Brown reminded members to attend the next Health Deputies Meeting to emphasize the importance of the release of awards for the Prevention RFPs.

Elizabeth Mendia announced the community wide event at the Metropolitan Community Church in West Hollywood for World AIDS Day.

Wendy Schwartz announced the City of Los Angeles AIDS Coordinator's Office has hired Ricki Rosales.

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT – Meeting adjourned at 4:55 PM.

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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